

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | APPROPRIATE ALZHO-ZHT | | APPROPRIATE ALZHO-ZHT | |
|--------------|----------|-----|--------------------------|-----|--------------------------|-----|
| | DID | DEP | DID | DEP | DID | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | 3 | | | | |
| 9 | | 3 | | | | |
| 10 | | 3 | | | | |
| 11 | | 3 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 3 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
| 17 | | 3 | | | | |
| 18 | | 5 | | | | |
| 19 | | 5 | | | | |
| 20 | | 1 | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | 1 | | | | | |
| 24 | | 1 | | | | |
| 25 | | | | | | |
| 26 | | 1 | | | | |
| 27 | | 1 | | | | |
| 28 | 1 | | | | | |
| 29 | | 1 | | | | |
| 30 | | 1 | | | | |
| 31 | | 1 | | | | |
| 32 | | 1 | | | | |
| 33 | | 1 | | | | |
| 34 | | 1 | | | | |
| 35 | | 1 | | | | |
| 36 | | 1 | | | | |
| 37 | | 1 | | | | |
| 38 | | 1 | | | | |
| 39 | | 1 | | | | |
| 40 | | 1 | | | | |
| 41 | | 1 | | | | |
| 42 | 1 | 1 | | | | |
| 43 | | 1 | | | | |
| 44 | | 1 | | | | |
| 45 | | 1 | | | | |
| 46 | | 1 | | | | |
| 47 | | 5 | | | | |
| 48 | | 5 | | | | |
| 49 | 1 | | | | | |
| 50 | | 1 | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | APPROPRIATE ALZHO-ZHT | | APPROPRIATE ALZHO-ZHT | |
|--------------|----------|-----|--------------------------|-----|--------------------------|-----|
| | DID | DEP | DID | DEP | DID | DEP |
| 51 | | 1 | | | | |
| 52 | | 1 | | | | |
| 53 | | 1 | | | | |
| 54 | 1 | | | | | |
| 55 | | 1 | | | | |
| 56 | | 1 | | | | |
| 57 | | 1 | | | | |
| 58 | | 1 | | | | |
| 59 | | 1 | | | | |
| 60 | | 4 | | | | |
| 61 | | 4 | | | | |
| 62 | 1 | | | | | |
| 63 | | 1 | | | | |
| 64 | 1 | | | | | |
| 65 | | 1 | | | | |
| 66 | 1 | | | | | |
| 67 | | 1 | | | | |
| 68 | | 1 | | | | |
| 69 | 1 | | | | | |
| 70 | | 1 | | | | |
| 71 | 1 | | | | | |
| 72 | | 1 | | | | |
| 73 | 1 | | | | | |
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| 100 | | | | | | |
| TOTAL IND. | 12 | | | | | |
| TOTAL DEP. | 95 | | | | | |
| TOTAL CLAIMS | 107 | | | | | |